

PROGRAM REGISTRATION

Give us your email address to receive exciting information about our facilities and programs.

Please Fill in ALL Entries

____ Check if change of address

____ New household account

Head of Household Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (_____) _____ Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____ *E-mail address: _____

Emergency Contact: _____ Emergency Phone Number (_____) _____

[] Individual Accommodation is needed. Explain: _____

Please indicate at least 3 choices

Please note your session.

Participant Name (Last,First)	Date of Birth	Sex M/F	FirstChoice Class Code/Session	Class Name	Start Date	Listed Fee	2nd Choice Code/Session	3rd Choice Code/Session
Example, Jill	10/7/00	F	3 0 1 1 0 0 B	Waddling	1/3	\$62	3 0 1 1 0 1 a	3 0 1 1 0 2 b

Please check which applies to you:

- ☐ Town of Leesburg Resident*
- ☐ Annual Pass Holder
- ☐ Non-Leesburg Resident

*To be a town resident you must pay town taxes and live in the town limits.

NOTE: A registration must be received prior to 8 a.m. to be processed on the first day of the appropriate registration date. Any registration received after 8 a.m. will be processed the next day.

TOTAL LISTED FEE

\$

Outstanding Household Credit (apply here)

—

*Senior Discount (selected classes only)

—

TOTAL (PAY THIS AMOUNT)

\$

PAYMENT METHOD

(check one):

☐ VISA

☐ MASTERCARD

☐ DISCOVER

☐ Credit Card Card #: - - - Exp. Date: _____

☐ Cash (Walk-in only)

☐ Check enclosed. Send a separate check for each program for which you are registering. If you pay with one check and only get one of your program choices and are waitlisted for other classes, the balance of your check will go on your household account.

FAX: 703-737-7165